



Express Mail No. EV452773488US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:	Srivastava <i>et al.</i>	Confirmation No.:	1804
Serial No.:	09/668,724	Art Unit:	1642
Filed:	September 22, 2000	Examiner:	Christopher H. Yaen
For:	ALPHA (2) MACROGLOBULIN RECEPTOR AS A HEAT SHOCK PROTEIN RECEPTOR AND USES THEREOF	Attorney Docket No:	8449-128-999

RESPONSE UNDER 37 C.F.R. § 1.111

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated July 7, 2004 and in accordance with the Rules of Practice, please enter the following amendments and consider the remarks below. Submitted herewith is: (a) an Amendment Fee Transmittal; (b) a Supplemental Information Disclosure Statement with the appropriate fee; (c) a List of References Cited by Applicant; (d) Copies of references C02-C07; and (e) a Petition for Extension of Time for one month with the appropriate fee.

Amendments to the Specification begin on page 2.

Amendments to the Claims are reflected in the listing of claims which begin on page 3.

Remarks begin on page 7.



Express Mail No. EV452773488US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Srivastava *et al.* Confirmation No.: 1804
Serial No.: 09/668,724 Art Unit: 1642
Filed: September 22, 2000 Examiner: Christopher H. Yaen
For: ALPHA (2) MACROGLOBULIN RECEPTOR AS A HEAT SHOCK PROTEIN RECEPTOR AND USES THEREOF Attorney Docket No: 8449-128-999

FEE TRANSMITTAL SHEET

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$0.00.

The claim amendment fee has been estimated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		<input checked="" type="checkbox"/> SMALL ENTITY		<input type="checkbox"/> OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID		PRESENT EXTRA		RATE	ADDIT. FEE	OR	ADDIT. FEE
TOTAL	24	MINUS	83	0	x 9	\$ 0.00		x 18	\$
INDEP.	2	MINUS	26	0	x 44	\$ 0.00		x 88	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						\$ 0.00			\$
TOTAL						\$ 0.00	OR	TOTAL	\$

Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Date: November 8, 2004

Respectfully submitted,

Adriane M. Antler 32,605
Adriane M. Antler (Reg. No.)
JONES DAY
222 East 41st Street
New York, New York 10017
(212) 326-3939

Enclosure